

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021056

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 34

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lake Waukomis</u>		c. CITY OR TOWN <u>Lake Waukomis</u>	
Length of stay in 1b <u>1 Year</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1051 South Shore Drive</u>		d. STREET ADDRESS (If outside, give location) <u>1051 South Shore Drive</u>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>T</u> Last <u>Hodges</u>		4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-9-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Mirable, Missouri</u>	
13a. FATHER'S NAME <u>Edward Zener</u>		13b. MOTHER'S MAIDEN NAME <u>Narcissus Wyatt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Nadene Vaughn-1051 S. Shore Dr.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute circulatory collapse</u> DUE TO (b) <u>massive cerebral hemorrhage</u> DUE TO (c) <u>atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>myocardial decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>11 min</u> <u>30 yr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION <u>Kingston, Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>11-11-53</u> to <u>5-23-63</u> and last saw her alive on <u>5-22-63</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5-24-63</u>	
22a. SIGNATURE (Degree if applicable) <u>James E. Williams D.D.</u>		22b. ADDRESS <u>4219 Blue Ridge Rd. 33, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons-North Kansas City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 26, 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>B. R. Rollins</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59
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2 0830
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Dr James E Williams D.O.
4219 Blue Ridge Blvd.
Rm. Ridgewood Med. Bldg.
Room-203

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4949

P. O. Address

W. O. Housley 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.